PCT

REQUEST

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International Application No.
International Filing Date
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The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty. Applicant's or agent's file reference (if desired) (12 characters maximum) O-2003.808 WO Box No. I TITLE OF INVENTION TREATMENT OF SEXUAL DISORDERS Box No. II **APPLICANT** This person is also inventor Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) Telephone No. 0412-666380 Facsimile No. AKZO NOBEL N.V. 0412-650592 **VELPERWEG 76** Teleprinter No. 6824 BM ARNHEM THE NETHERLANDS Applicant's registration No. with the Office State (that is, country) of nationality: State (that is, country) of residence: NL all designated States except the United States of America the States indicated in the Supplemental Box This person is applicant all designated States the United States of America only for the purposes of: FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S) Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) This person is: applicant only GIBERTINI, Michael 8 Edinburgh Drive applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Randolph, NJ 07869 **United States of America** Applicant's registration No. with the Office State (that is, country) of nationality: State (that is, country) of residence: US US This person is applicant all designated States all designated States except the United States of America the United States of America only the States indicated in the Supplemental Box for the purposes of: Further applicants and/or (further) inventors are indicated on a continuation sheet. AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE Box No. IV The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: common representative agent Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.) Telephone No. 302-934-4395 MILSTEAD, Mark W. Facsimile No. Akzo Nobel Pharma Patent Department 302-934-4305 29160 Intervet Lane Teleprinter No. P.O. Box 318 Millsboro, DE 19966 Agent's registration No. with the Office United States of America 45,825 Address for correspondence: Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Form PCT/RO/101 (first sheet) (January 2004)

See Notes to the request form

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	g earlier application(s) is herel	oy claimed:							
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of earlier application (day/month/year)	of earlier application	national application:	Vhere earlier application regional application:*	international application:					
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The receiving Office is required the earlier application was finabove as:	ested to prepare and transmit t led with the Office which for t	o the International Bureau he purposes of this interna	a certified copy of the ea tional application is the r	rlier application(s) (only if eceiving Office) identified					
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* Where the earlier applicati Industrial Property or one M	on is an ARIPO application, i. lember of the World Trade Oi	ndicate at least one country rganization for which that e	party to the Paris Conve earlier application was fil	ention for the Protection of led (Rule 4.10(b)(ii)):					
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Box No. VIII DECLARA	TIONS			All Marian and an analysis analysis and an analysis and an analysis and an analysis and an ana					
The following declarations check-boxes below and indic	are contained in Boxes Nos. ate in the right column the nur	VIII (i) to (v) (mark the apurable of each type of declare	oplicable ation):	Number of declarations					
Box No. VIII (i)	Declaration as to the identi	ty of the inventor		:					
Box No. VIII (ii)	Declaration as to the appli date, to apply for and be g	cant's entitlement, as at the	e international filing	:					
Box No. VIII (iii)	Declaration as to the applicant's entitlement, as at the international filing date, to claim the priority of the earlier application								
Box No. VIII (iv)	Box No. VIII (iv) Declaration of inventorship (only for the purposes of the designation of the United States of America) :								
Box No. VIII (v)	Box No. VIII (v) Declaration as to non-prejudicial disclosures or exceptions to lack of novelty :								

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Box No. IX CHECK LIST; LANGUAGE	OF FILING	
This international application contains: (a) in paper form, the following number of sheets:	This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item):	Numbe of item
request (including declaration sheets) : 4	1. 🔀 fee calculation sheet	:
description (excluding	2. original separate power of attorney	:
Sequence listing and/or	3. original general power of attorney	:
tables related thereto) : 15	4. copy of general power of attorney; reference number, if any:	
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drawings : 1	6. Dipriority document(s) identified in Box No. VI as	:
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tables related thereto :	8. Separate indications concerning denocited microscopium	. :
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MARK W. Mark	ming and the capacity in which the person signs (if such capacity is not obvious from readi //	ng the request).
Mark W. Milstead		
Registration No.: 45,825	Daic	
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